

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/587367**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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20						
21						
22			1			
23			1			
24				1		
25				1		
26				1		
27			1			
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
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38				1		
39				1		
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41				1		
42			1			
43						
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48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	17	←		←
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						